

Name In Full

Certificate of Death

Alice Bramble

Town

County

Died at

Vienna, Winchester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

10

13

Age

14

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Typhoid fever

How long sick

2 months

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

F. M. Tanner M.D.

Address

Vienna, MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

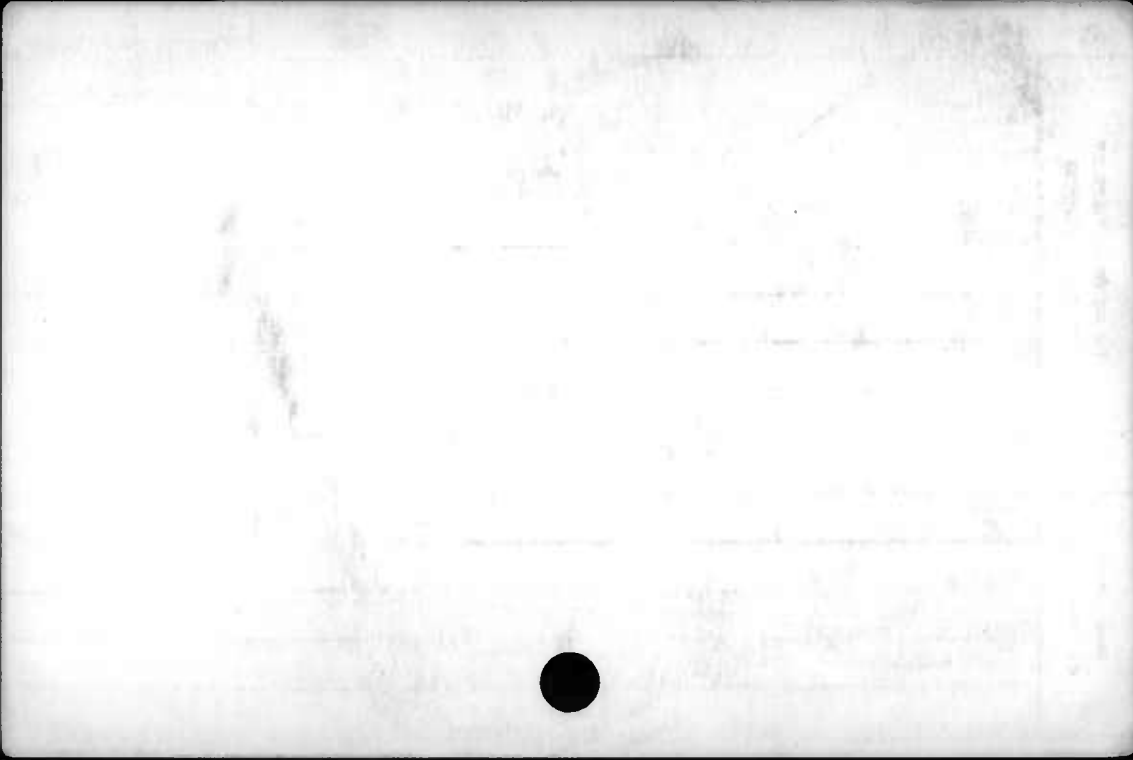
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Chas W Cook</i>		Town <i>Cumtady</i>		County <i>Archives</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>1903</i>		<i>Oct</i>		<i>40</i>		<i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Engineer</i>		Where Residing if not at place of death <i>Cumtady</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Flora C Cook</i>					
Father's Name <i>Thos Cook</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Martha Cook</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Howard Broadbent</i>		How related to deceased <i> Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>		How long <i>found dead in bed</i>	
Immediate <i>Don't know</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Mear</i>	
		Address <i>Cumtady MD</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Milburn Worthington Cornish

Town

County

Died at

MARYLAND

Date 19

Month	Day	Y.	M.	D.	Native of	Occupation
03	Oct.	24	—	42	Ind	—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name
in
Full

Charles P. Craig

CERTIFICATE OF DEATH

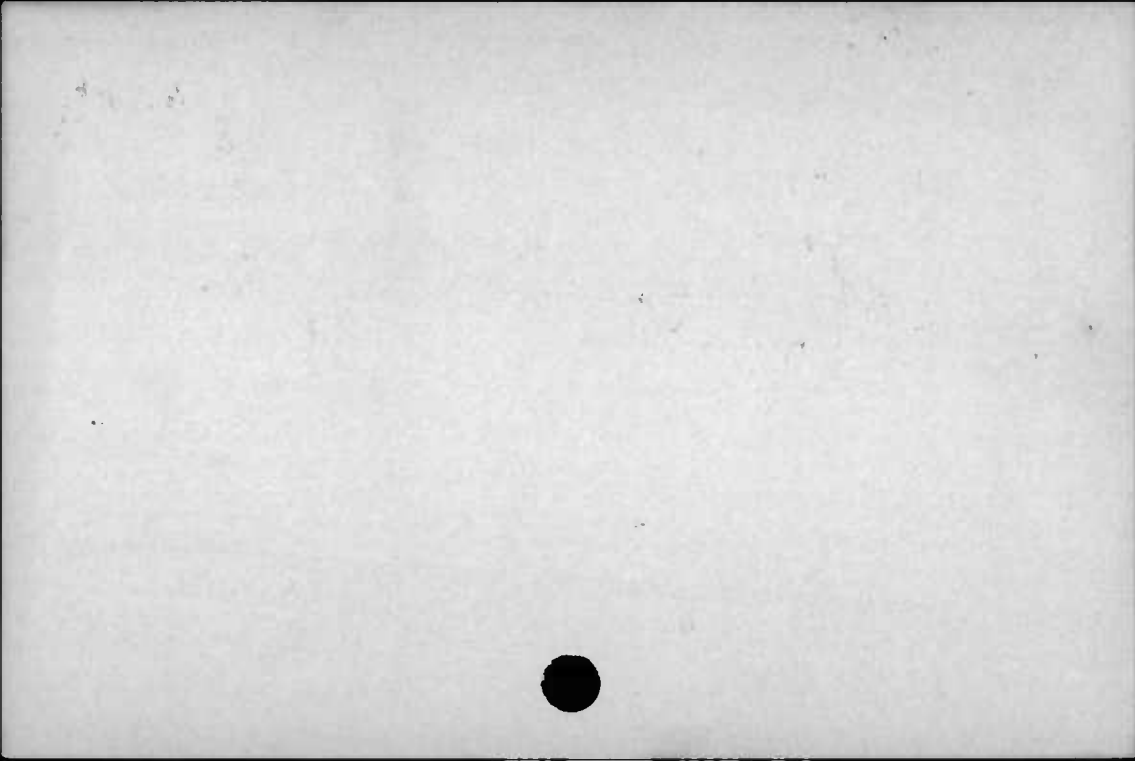
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	<u>Oct.</u> ^{Month}	<u>9</u> ^{Day}	Age <u>62</u> ^{Years}	<u>10</u> ^{Months}	<u>7</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birthplace <u>Dr. Co. Md.</u>		
Occupation <u>Druggist</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name or Wife or Husband <u>Irene Washelle</u>				
Father's Name <u>Chas P. Craig</u>	Father's Birthplace <u>Dr. Co. Md.</u>				
Mother's Maiden Name <u>Louisa E. H. Bowie</u>	Mother's Birthplace <u>Dr. Co. Md.</u>				
Name of person giving information <u>Wharson Craig</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Valvular heart disease</u>	How long <u>3 years</u>
Immediate <u>acute heart failure</u>	How long <u>Instantly</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Guy Steele</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name
in
Full

Reginald Craighton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fishing Creek</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Oct.</u>	Day <u>20th</u>	Age <u>9</u> Years	Months <u>3</u>	Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Fishing Creek Md.</u>			
Married, Single or Widowed <u>Infant</u>		Occupation _____			
Name of Wife or Husband _____					
Father's Name <u>Chas. R. Craighton</u>			Father's Birthplace <u>Dorchester Co.</u>		
Mother's Maiden Name <u>Fellie Adams</u>			Mother's Birthplace <u>Dorchester Co.</u>		
Name of person giving information <u>Chas. R. Craighton</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Infection, Gastro-Enteritis</u>	How long <u>2 months</u>
Immediate <u>Exhaustion</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Houshorne M.D.</u>
	Address <u>Fishing Creek</u>
	<u>Dorchester Co. Md.</u>
Accident or Suicide? _____	



Name
in
Full

Russle Ben. Creighton

CERTIFICATE OF DEATH

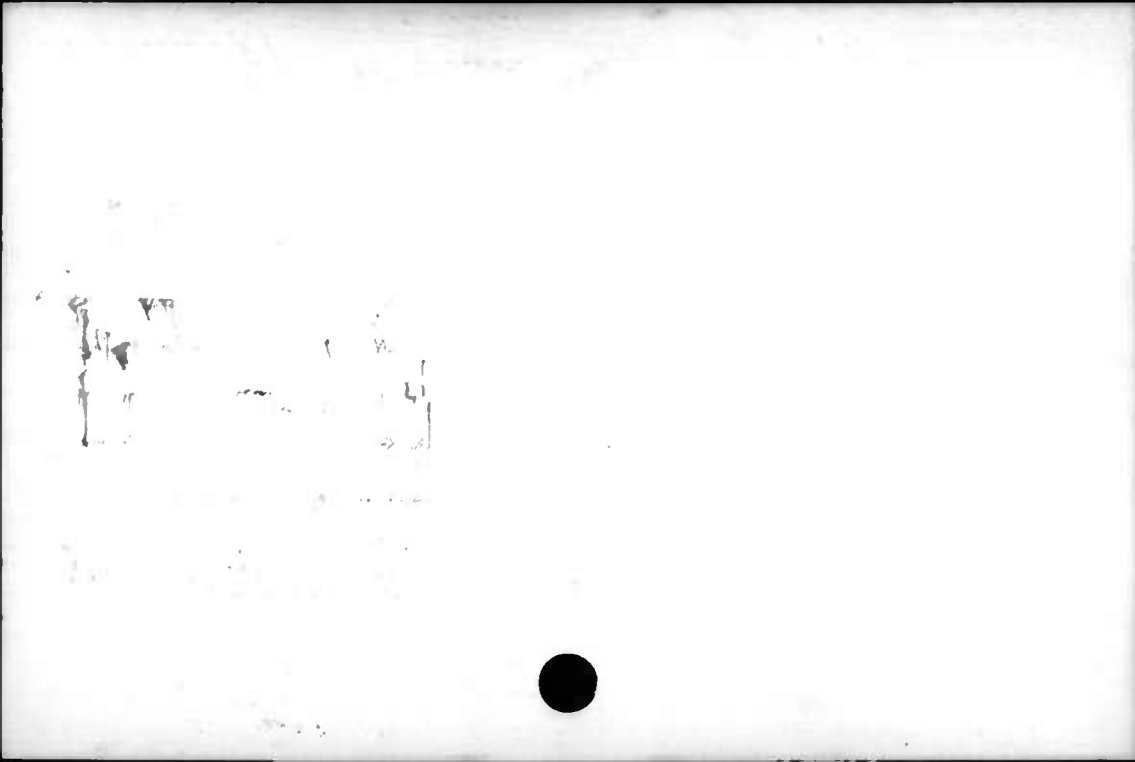
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fishing Creek</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Oct.</u> ^{Month}	<u>18th</u> ^{Day}	Age <u>0</u> ^{Years}	<u>10</u> ^{Months}	<u>18</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Infant</u>	Occupation _____				
Name of Wife or Husband _____					
Father's Name <u>Ben. Joseph Creighton</u>			Father's Birthplace <u>Dorchester Co.</u>		
Mother's Maiden Name <u>Lucy Creighton</u>			Mother's Birthplace <u>Dorchester Co.</u>		
Name of person giving information <u>B. J. Creighton</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malnutrition, Thrush</u>	How long <u>about 30 days.</u>
Immediate <u>Gastro-Enteritis</u>	How long <u>7 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>W. H. Houston M.D.</u>
	Address <u>Fishing Creek Md.</u>
<u>Accident</u>	



Name
in
Full

Lillian Rachael Drenner

CERTIFICATE OF DEATH

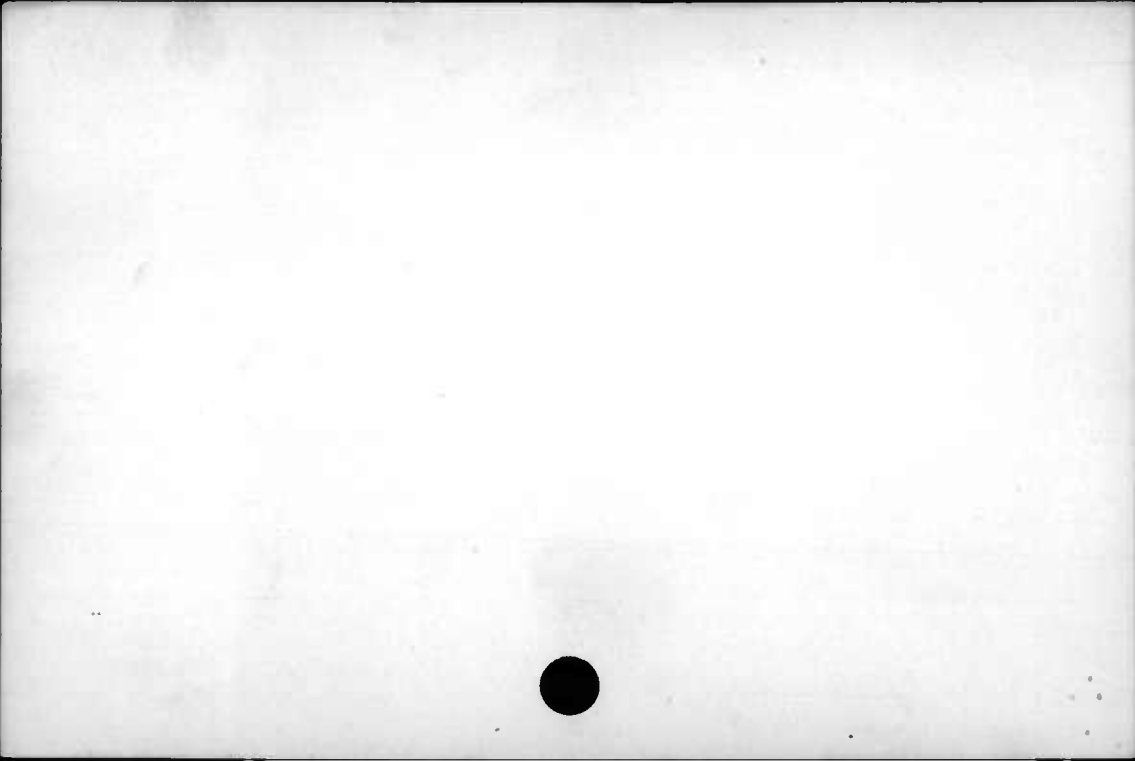
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cauling</u> Town			County <u>Dorchester</u>			MARYLAND	
Date of death 190 <u>3</u>		Month <u>Oct</u>	Day <u>28</u>	Age <u>4</u>	Years	Months	Days
Sex <u>Female</u>		Color or Race <u>White</u>		Birth place <u>Cauling Me</u>			
Married, Single or Widowed <u>Single</u>				Occupation <u>_____</u>			
Name of Wife or Husband							
Father's Name <u>J Ed Drenner</u>				Father's Birthplace <u>Delaware</u>			
Mother's Maiden Name <u>Hora E Harrison</u>				Mother's Birthplace <u>Salt Lake City</u>			
Name of person giving information <u>Hora E Harrison</u>				How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pys Salpingitis</u>	How long <u>Some day</u>
Immediate <u>Pertomitis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>BW Golasborough</u>
	Address <u>_____</u>
Accident or Suicide? <u>_____</u>	



Name
in
Full

CERTIFICATE OF DEATH

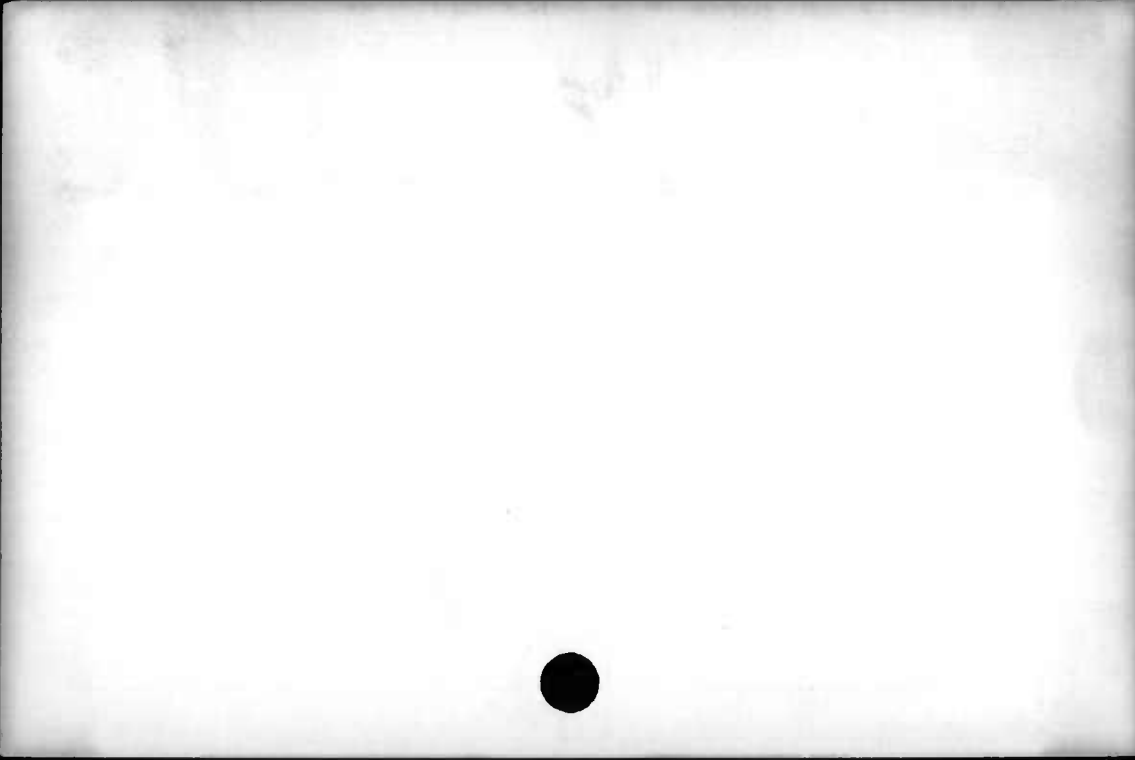
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Georgia Hall</i>		Town <i>Cambridge, Md.</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Cambridge, Md.</i>		Month <i>10</i>		Day <i>8</i>		Years <i>2</i>	
Date of death <i>1903</i>		Month <i>10</i>		Day <i>8</i>		Age <i>2</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Cambridge, Md.</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>Cambridge, Md.</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Richard L. Hall</i>		Mother's Birthplace <i>Fairmount, Md.</i>		Mother's Birthplace <i>" "</i>			
Mother's Maiden Name <i>Gray Johnson</i>		How related to deceased <i>Mother</i>		Name of person giving Information <i>Lucy Johnson</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis.</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Wolff M.D.</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Hersile Jane Hill

Town

County

MARYLAND

Died at

Milledale

Dorchester

Date 19

03 Oct 1931

Age

61

Native of

Dorchester Co Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband

Widow of Wm Hill

Wife

Father's

Name

Esac Banks

Mother's

Maiden Name

Anna Banks

Cause of

Primary

Paralysis

How long sick

one week

Death

Immediate

No

Accident, Suicide, Homicide

Reported by

Stephen Hill

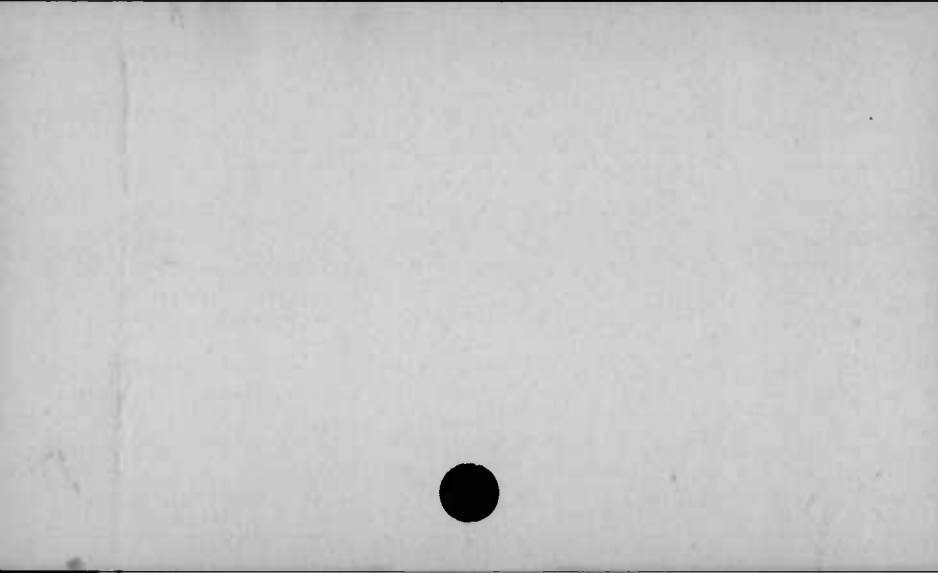
Geo Hellebrath

Address

Milledale

Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Samuel Holliday
 Town *Cambridge* County *Dorchester* MARYLAND

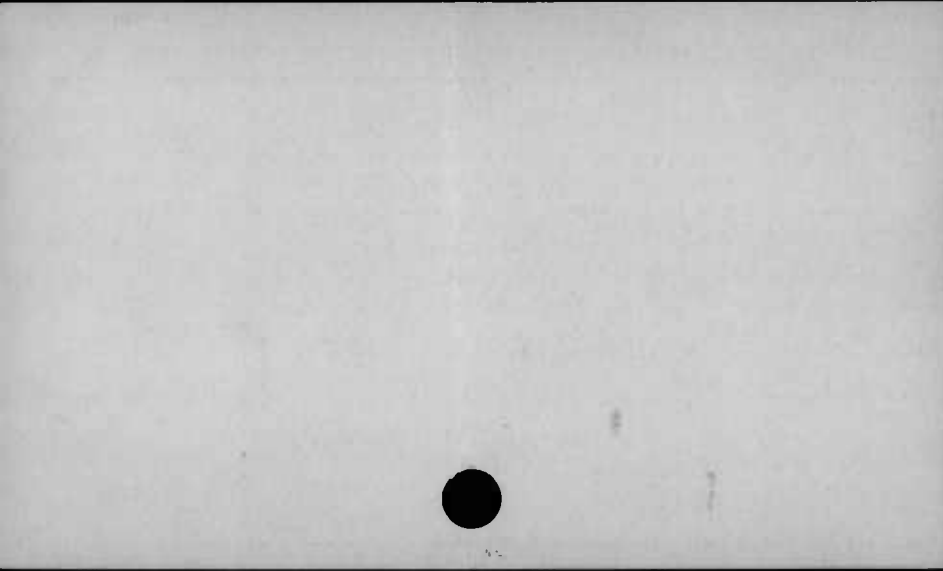
Died at *Cambridge, Dorchester*
 Date 19*03* Month *Oct* Day *26* Y. *31* M. *7* D. *1* Native of *Ind* Occupation *Hickster*
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *4*

Husband of *Mary Holliday*
 Father's Name *Joseph Holliday* Mother's Maiden Name *Alice Camper*

Cause of Death { Primary *Acute Pneumonia* How long sick *8 wks*
 { Immediate *2* Accident, Suicide, Homicide

Reported by *Wilbur A. Drake, M.D.*
 Address *Cambridge Dorchester Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Nancy James*

Town *Galveston* County *Dor*

Died at *Galveston* MARYLAND

Date *1903* Month *Oct* Day *13* Y. *70* M. D. Native of *Ind* Occupation *Housewife*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☒ Number of children living *6*

Husband of *Geo H James*

Wife of *Geo H James*

Father's Name *Pleasant Russell* Mother's Name *79*

Cause of Death { Primary *Cardiac Dropsy* Immediate *Heart failure* } How long sick *79*

Reported by *E R Osborn*

Address *Galveston*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Julia Kain
 Town County
 Died at *Cambridge, Dorchester* MARYLAND

Date 19 *03* Month *Oct.* Day *22* Y. *72* M. *11* D. *12* Native of *Ind.* Occupation
~~Male~~ ~~White~~ Married ~~Widow~~ Divorced
 Female Colored ~~Single~~ ~~Widower~~ Number of children living *2*

Husband of *Lewis Kain*
 Wife
 Father's Name *Isaac Roberts* Mother's Maiden Name *Jane Kain*

Cause of Death { Primary *Pulmonary Consumption* How long sick *Don't know*
 { Immediate Accident, Suicide, Homicide

Reported by *Wilbur A. Drake Ind.*
 Address *Cambridge, Dorchester Co*



Name in Full

Certificate of Death

Gladys Lambford
 Town County

Died at *Belvidere*

MARYLAND

Date 19*08* Month *Oct* Day *25* Y. *6* M. *6* D. *6* Native of *WV* Occupation

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Kate Lushkman

CERTIFICATE OF DEATH

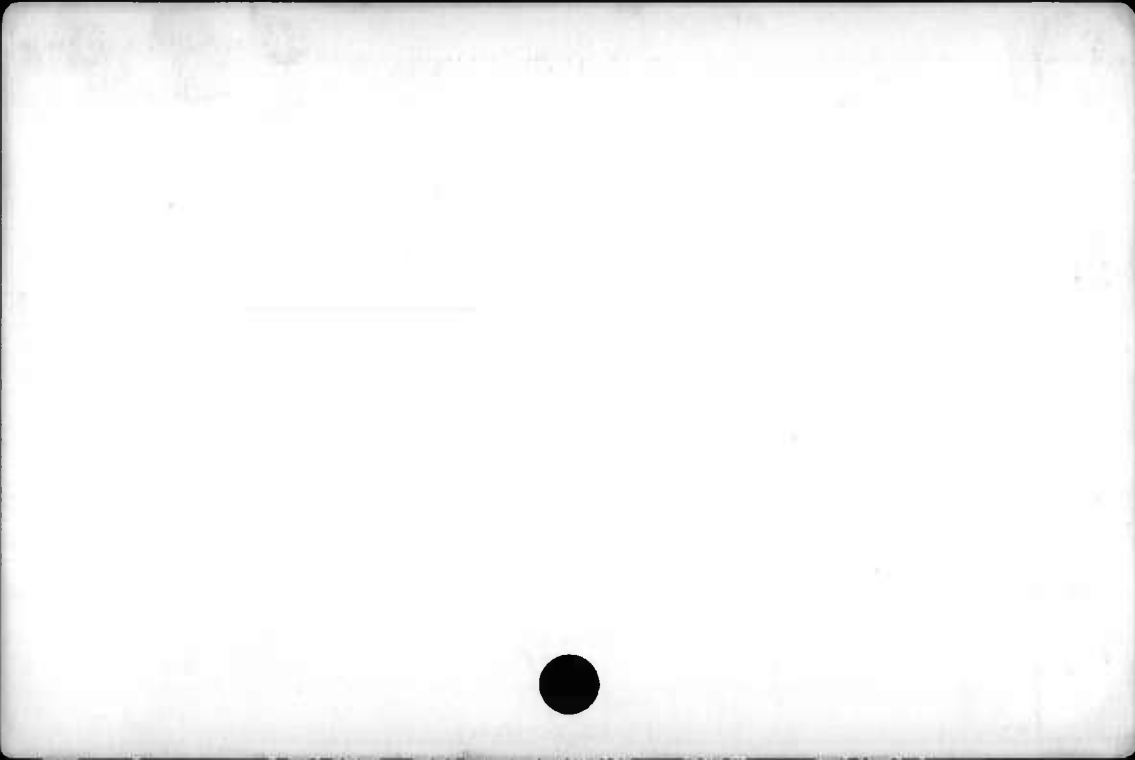
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1903	Month Oct	Day 23	Age 38	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Ind
Occupation	House work			Where Residing if not at place of death		Cambridge	
Married, Single or Widowed	Married		Name of Wife or Husband		W. W. Lushkman		
Father's Name	Chas H. Lushkman					Father's Birthplace	Ind
Mother's Maiden Name						Mother's Birthplace	Ind
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	2 or 3 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John M. Moore	
		Address Cambridge Ind	
Accident or Suicide?			



Name In Full

Certificate of Death

Infant of Addie Pirly.

Died at ^{Town} Cambridge, ^{County} Dorchester MARYLAND

Date 1903 Oct. 2 Month Day Y. M. D. Age 7 Native of Ind Occupation —
Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of ————
Wife ————

Father's Name Samuel Puttr Mother's Name Addie Pirly Maiden Name

Cause of Primary Gastro-enteritis How long sick 3 weeks
Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by Wilbur A. Drake M.D.

Address Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Ind.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Eliza Tholock

Died at ^{Town} Aircys ^{County} Dorchester

MARYLAND

Date 1903 ^{Month} Oct. ^{Day} 19 ^{Y.} Age 48 ^{M.} — ^{D.} — ^{Native of} Md. ^{Occupation} Domestic~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

7

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838



Hora E. Pinder

Town

County

Died at

Aireys

Hancock

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

10

4

Age

2.

Md.

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Hinos Pinder

Mother's
Name

Mary A. Pinder

Cause of } Primary

How long sick

Death } Immediate

Accident, Suicide, Homicide

Reported by

Peater Stanley

Address

Aireys Dr. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Emily Ridout

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>10</i>	Day <i>15</i>	Age <i>45</i>	Years <i>45</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>—</i>		
Occupation <i>Housework</i>		Where Residing if not at place of death <i>Cambridge, Md</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Wm Mathews</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Mary Ann Cornish</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Henry Ridout</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Wolff M.D.</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full~~Geo. Robbins~~ Geo. Roberts

CERTIFICATE OF DEATH

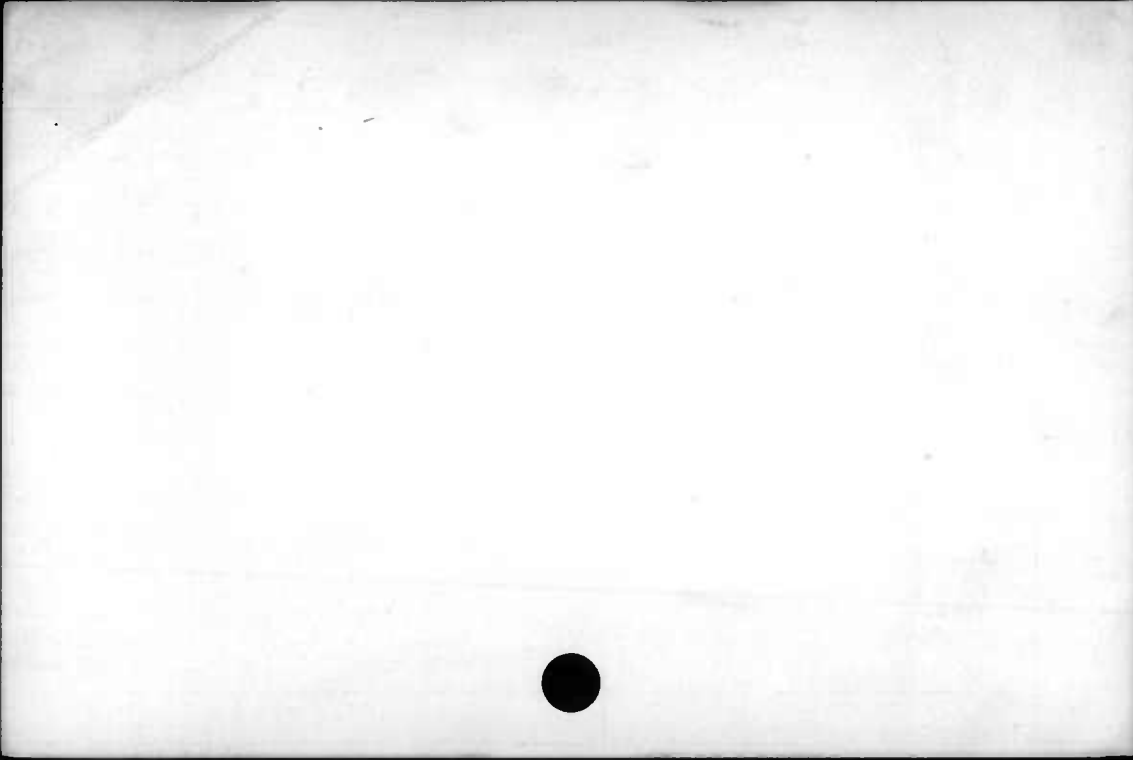
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Lincoln</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>Oct</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>not known</u> <small>Years</small>	<u>not known</u> <small>Months</small>	<u>not known</u> <small>Days</small>
Sex <u>male</u>		Color or Race <u>colored</u>		Birth-place <u>Memphis, Tenn.</u>	
Married, Single or Widowed <u>—</u>			Occupation <u>farm hand</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>not ascertained</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>not ascertained</u>				Mother's Birthplace <u>—</u>	
Name of person giving information <u>Hospital Board</u>				How related to deceased <u>—</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>5 weeks</u>
Immediate <u>Perforation</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>Guy Steele</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Willie Shuter

CERTIFICATE OF DEATH

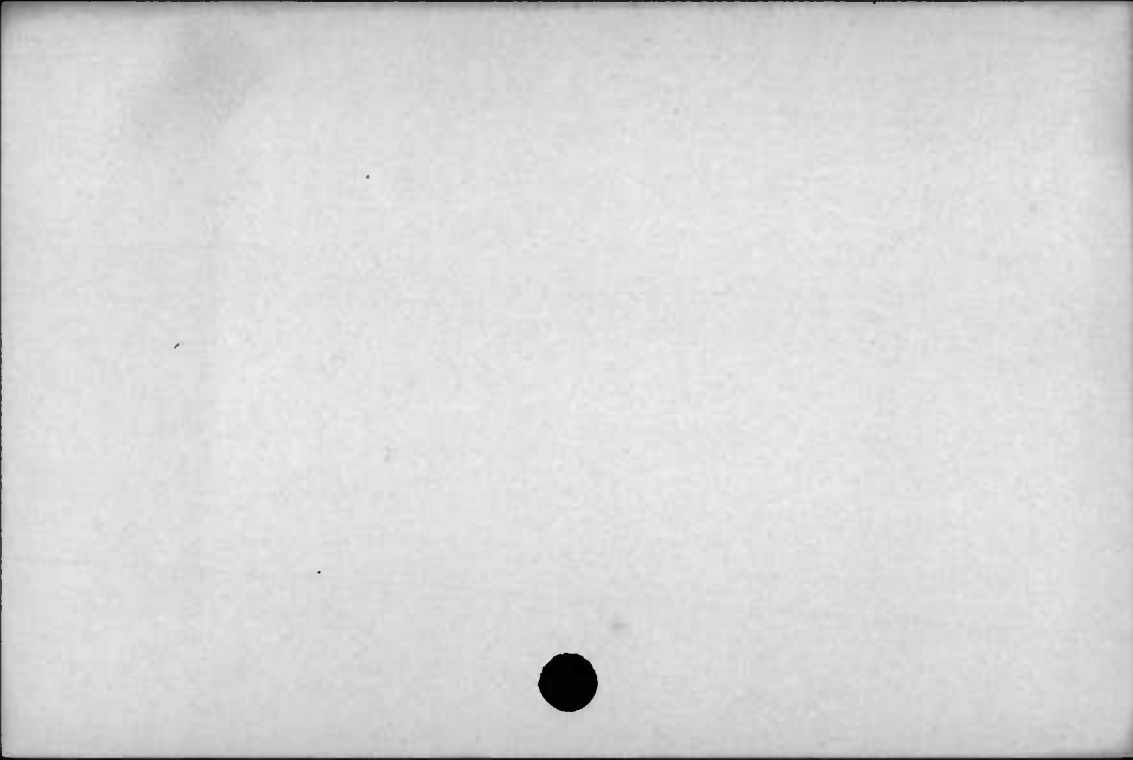
TO BE ANSWERED BY
NEAREST FRIEND

P.O. <i>Ainey</i> Town		County <i>Winchester</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct-</i>	Day <i>17</i>	Age <i>17</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Win. Co. Md.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name or Wife or Husband <i>—</i>			
Father's Name <i>Robt. Shuter</i>			Father's Birthplace <i>Win. Co. Md.</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Robt. Shuter</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysphoid. fever</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Guy Still</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name
in
Full

William Subman Stapleforth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>Oct 1903</i>	Month <i>October</i>	Day <i>12</i>	Age <i>66</i>	Years <i>11</i>	Months <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Taylor's Island Md.</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laura B. Stapleforth</i>				
Father's Name <i>Travers Stapleforth</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Emily Geoghegan</i>	How related to deceased <i>Cousin</i>		Name of person giving information <i>W. Stapleforth</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>—</i>
Immediate <i>Asphyxia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. K. Shriver, M.D.</i>
	Address <i>Taylor's Island Dor. Co. Md.</i>
Accident or Suicide? <i>Accident.</i>	



Name
in
Full

CERTIFICATE OF DEATH

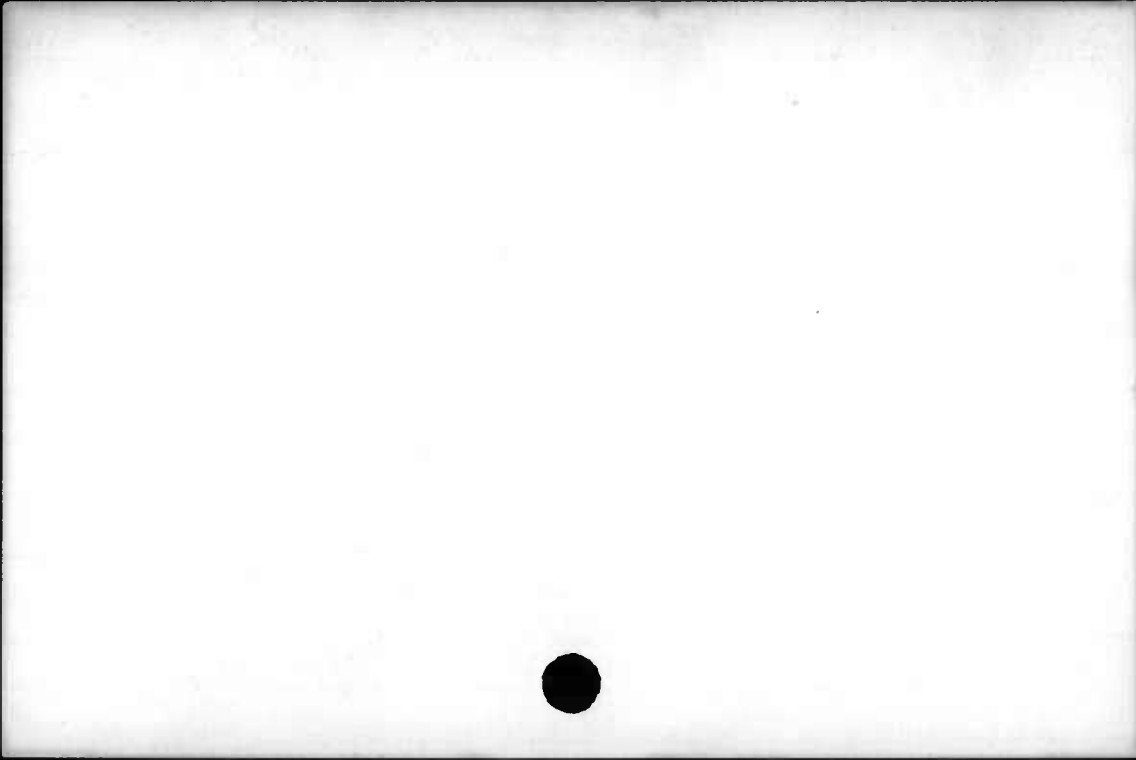
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joe Terletski Jr.		Town Cambridge		County Dorchester		STATE MARYLAND	
Died at Cambridge		Month 10		Day 16		Years 14	
Date of death 1903		Age 14		Months 14		Days 14	
Sex Male		Color or Race Bohemian		Birth-place Cambridge, Md			
Occupation child		Where Residing if not at place of death Cambridge, Md					
Married, Single or Widowed child		Name of Wife or Husband					
Father's Name Joe Terletski		Father's Birthplace Not known					
Mother's Maiden Name Rosa (last name known)		Mother's Birthplace Not known					
Name of person giving Information Joe Blantz		How related to deceased Friend					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Malaria	How long 18 days
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. H. Wolff M.D.
	Address Cambridge, Md.
Accident or Suicide?	



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03

Oct 11

Age

- - -

Md.

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

None

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primery

How long sick

Death

~~Immediate~~

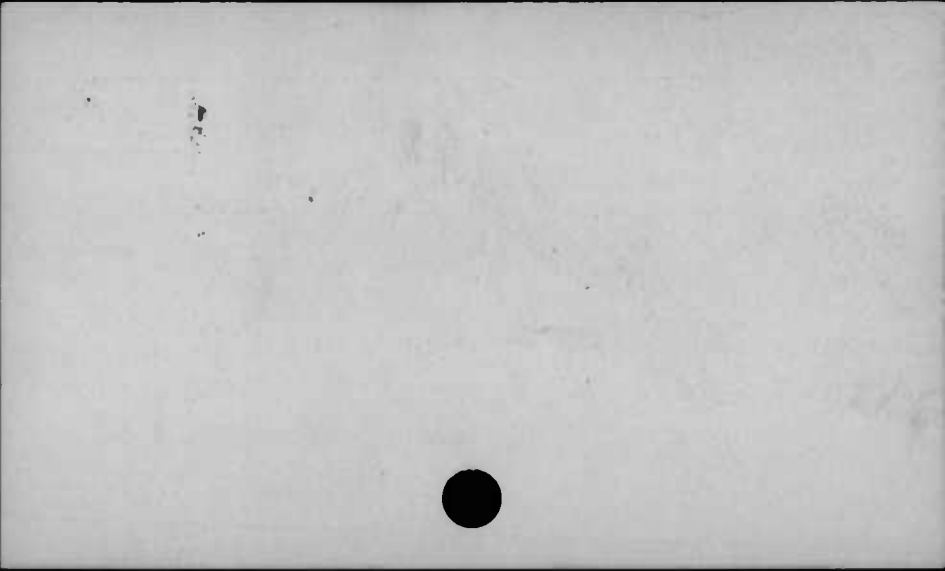
Accident, Suicide, Homicide

Reported by

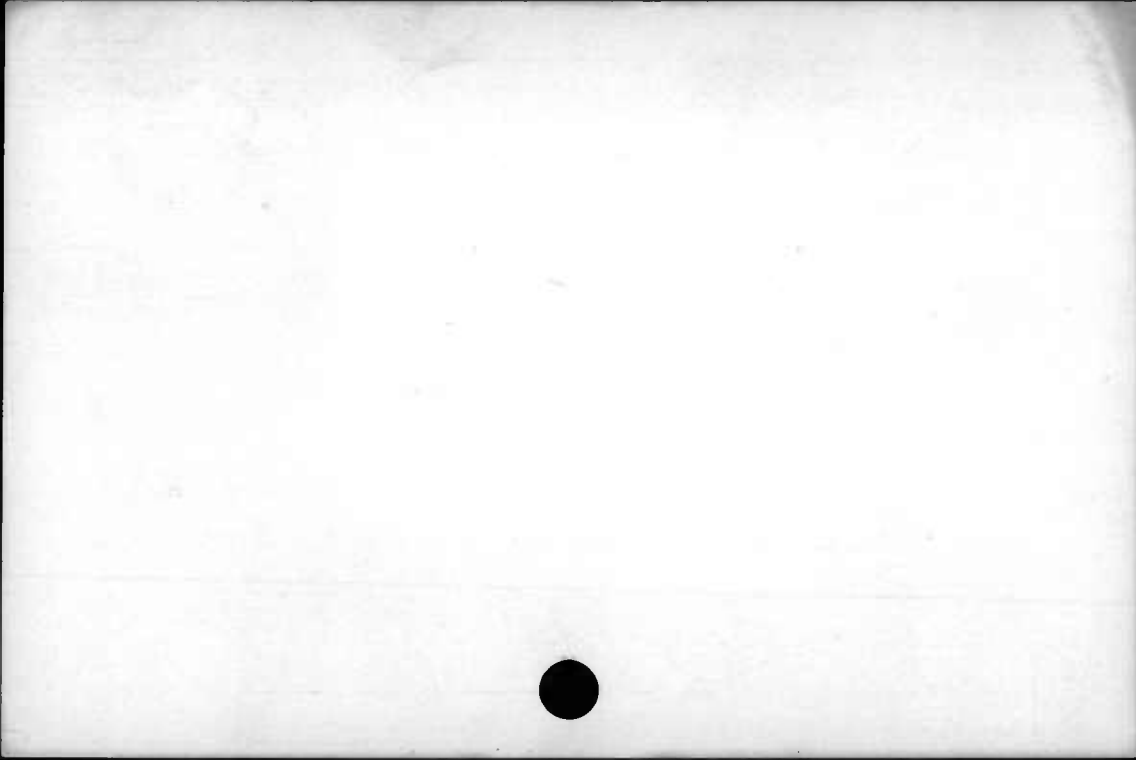
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND	
	Date of death 1908		Month Oct.	Day 24	Years 44	Months —		Days —
	Sex Male		Color or Race Negro		Birth- place Maryland			
	Married, Single or Widowed		Married		Occupation Laborer			
	Name of Wife or Husband		Lucinda L. Negro					
	Fether's Name		Don't know			Father's Birthplace Ind.		
	Mother's Maiden Name		Margaret Negro			Mother's Birthplace		
Name of person giving In formation		Amelia Jackson			How related to deceased Cousin			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Initial regurgitation				How long Six weeks	
	Immediate		Failure of circulation				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Wilbur G. Drake M.D.			
					Address Cambridge Ind.			
	Accident or Suicide?							



Name
in
Full

Thomas A. Willis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Oct.	20	68			
Sex		Color or Race		Birth-place			
Male		white		Ind			
Occupation				Where Residing if not at place of death			
Financier				Combindy			
Married, Single or Widowed		Name of Wife or Husband					
married		Isabell. Willis					
Father's Name		Father's Birthplace					
Thomas. Willis		Ind					
Mother's Maiden Name		Mother's Birthplace					
Elyza Mace		Ind					
Name of person giving Information		How related to deceased					
Isabell Willis		wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Paralysis		about year	
Immediate		How long	
achond		4 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Mace	
		Address	
		Combindy	
Accident or Suicide?			

